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PTO/SB/05 (2/00) Approved for use through 09/30/2000. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>		Attorney Docket No. 9144C
		First Inventor or Application Identifier Thurman B. Hicks
		Title Electrical Box Locator
		Express Mail Label No. EU 298833514 US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 10] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]</p> <p>4. Oath or Declaration [Total Pages 5]</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____</p> <p>Prior application Information: Examiner _____ Group / Art Unit: _____</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <ul style="list-style-type: none"> • Small Entity <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired <p>14. <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other:</p> <p><small>*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.37), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small></p>	
18. CORRESPONDENCE ADDRESS			
<p><input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)</p>		<p>or <input checked="" type="checkbox"/> Correspondence address below</p>	
Name	John M. Harrison		
Address	2139 E. Bert Kouns		
City	Shreveport	State	Louisiana
Country	U.S.A.	Telephone	318/797-3062
Telephone	318/797-3063	Fax	318/797-3063
Name (Print/Type)	John M. Harrison	Registration No. (Attorney/Agent)	24,968
Signature	<i>John M. Harrison</i>		Date 9/9/03

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1953 U.S. PTO
60/60/03**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 375.00)

Complete if known

Application Number	
Filing Date	
First Named Inventor	Thurman B. Hicks
Examiner Name	
Group / Art Unit	
Attorney Docket No.	9144C

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number
Deposit Account Name

Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 Charge the Issue Fee Set In 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	790	201 395 Utility filing fee	\$ 375.00
108	330	208 185 Design filing fee	
107	540	207 270 Plant filing fee	
108	790	208 395 Reissue filing fee	
114	150	214 75 Provisional filing fee	
SUBTOTAL (1) (\$ 375.00)			

2. EXTRA CLAIM FEES

Total Claims	-20** =	X	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3** =	X	=			
Multiple Dependent						

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	22	203 11 Claims in excess of 20
102	82	202 41 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	82	209 41 ** Reissue independent claims over original patent
110	22	210 11 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	950	217 475 Extension for reply within third month	
118	1,510	218 755 Extension for reply within fourth month	
128	2,060	228 1,030 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,320	241 660 Petition to revive - unintentional	
142	1,320	242 660 Utility issue fee (or reissue)	
143	450	243 225 Design issue fee	
144	670	244 335 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	790	246 395 Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249 395 For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)****SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name	John M. Harrison	Reg. Number	24,968
Signature	<i>John M. Harrison</i>	Date	9/9/03
		Deposit Account No.	

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